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CONFIRMATION NO. 5421

|  |   |                                       |   |  |                                    |
|--|---|---------------------------------------|---|--|------------------------------------|
| <b>SERIAL NUMBER</b><br>10/529,914   | <b>FILING OR 371(c)<br/>DATE</b><br>07/14/2005<br><b>RULE</b>   | <b>CLASS</b><br>455                   | <b>GROUP ART UNIT</b><br>2681   | <b>ATTORNEY<br/>DOCKET NO.</b><br>Q87202 |                                    |
| <b>APPLICANTS</b><br>Michel-Guy Francon, Toulouse, FRANCE;<br>Nicolas Chuberre, Pibrac, FRANCE;<br>Steven Bouchired, Tournefeuille, FRANCE;<br>Christophe Nussli, Toulouse, FRANCE;  |   |                                       |   |  |                                    |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/FR03/02877 10/01/2003  |   |                                       |   |  |                                    |
| <b>** FOREIGN APPLICATIONS *****</b><br>FRANCE 02/12241 10/03/2002   |   |                                       |   |  |                                    |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature _____ Initials _____ |   | <b>STATE OR<br/>COUNTRY</b><br>FRANCE | <b>SHEETS<br/>DRAWING</b><br>1  | <b>TOTAL<br/>CLAIMS</b><br>6             | <b>INDEPENDENT<br/>CLAIMS</b><br>2 |
| <b>ADDRESS</b><br>23373  |   |                                       |   |  |                                    |
| <b>TITLE</b><br>Method of receiving signals in a spread-spectrum telecommunications system with terrestrial repeaters, comprising a complementary source   |   |                                       |   |  |                                    |
| <b>FILING FEE<br/>RECEIVED</b><br>1030   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                       | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                    |